

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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ELIZABETH CONNOLLY

Acting Commissioner

VALERIE HARR Director

CHRIS CHRISTIE Governor

KIM GUADAGNO Lt. Governor

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

W.B.,

PETITIONER,

**ADMINISTRATIVE ACTION** 

**FINAL AGENCY DECISION** 

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OAL DKT. NO. HMA 01229-15

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

GLOUCESTER COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence and the entire contents of the OAL case file. Procedurally, the time period for the Agency Head to file a Final Agency Decision is May 1, 2014, in accordance with N.J.S.A. 52:14B-10, which requires an Agency Head to adopt, reject or modify the Initial

Decision within 45 days of the agency's receipt. The Initial Decision was received on March 17, 2015.

This matter arises from the denial of Petitioner's February 14, 2014 Medicaid

application for failing to provide documentation needed to determine eligibility. On

February 14, 2014, Petitioner, by way of representative, applied for Medicaid benefits.

On February 14, 2014 and again on July 25, 2014, the Gloucester County Board of

Social Services (GCBSS) requested additional verifications from Petitioner to be

provided no later than August 6, 2014. On September 19, 2014, GCBSS denied

Petitioner's application for failure to provide the requested documentation.

The only issue presented here is whether Petitioner provided the necessary

verification for GCBSS to make an eligibility determination. The credible evidence in the

record indicates that Petitioner failed to provide the needed information prior to the

September 19, 2014 denial of benefits. Without this information, the County was unable

to complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this  $\dot{b}^{\mathcal{H}}$  day of MAY 2015,

ORDERED:

That the Initial Decision is hereby ADOPTED. Petitioner's Medicaid application

was properly denied for failure to provide necessary verification.

Valerie J. Harr, Director

Division of Medical Assistance

and Health Services